

PCT**REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) D 2399 / st**Box No. I TITLE OF INVENTION**

Method of Increasing the Transgene-Coded Biomolecule Content in Organisms

Box No. II APPLICANT This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Düring, Klaus
Vorgebirgs weg 33
D - 50226 Frechen
Germany

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
DEState (that is, country) of residence:
DE

This person is applicant for the purposes of: all designated States all designated States except the United States of America only the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Mahn, Andreas
Alte Windmühle 2
D - 50129 Bergheim
Germany

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
DEState (that is, country) of residence:
DE

This person is applicant for the purposes of: all designated States all designated States except the United States of America only the United States of America only the States indicated in the Supplemental Box

 Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Huber, Bernard
Huber & Schüßler
Truderinger Str. 246
D - 81825 München
Germany

Telephone No.
089/43 77 88 0Facsimile No.
089/43 77 88 99

Teleprinter No.

Agent's registration No. with the Office

 Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Sheet No. ... 2 ...

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Hantke, Sabine
Neusser Str. 316
D - 50733 Köln
Germany

This person is:

- applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
DEState (that is, country) of residence:
DE

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Petsch, Dagmar
Erlenweg 11a
D - 50827 Köln
Germany

This person is:

- applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
DEState (that is, country) of residence:
DE

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

BEST AVAILABLE COPY

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's
file reference

D 2399 / st

Date stamp of the receiving Office

Applicant

Düring, Klaus

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE	EUR 100,00	T
2. SEARCH FEE	EUR 945,00	S

International search to be carried out by _____

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 30
Where item (b) of Box No. IX does not apply, enter Total number of sheets }

b1 first 30 sheets EUR 444,00 b1

b2 _____ x _____ - b2
number of sheets fee per sheet
in excess of 30

b3 additional component (only if sequence listing part of description
is filed in computer readable form under Section 801(a)(i), or
both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = b3
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B EUR 444,00 B

Designation Fees

The international application contains all designations.

5 x 96,00 = EUR 480,00 D
number of designation fees amount of designation fee
payable (maximum 5)

Add amounts entered at B and D and enter total at I EUR 924,00 I

(Applicants from certain States are entitled to a reduction of 75% of the
international fee. Where the applicant is (or all applicants are) so entitled, the total
to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) EUR 30,00 P

5. TOTAL FEES PAYABLE EUR 1999,00
Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

The designation fees are not paid at this time.

MODE OF PAYMENT

<input type="checkbox"/> authorization to charge deposit account (see below)	<input type="checkbox"/> postal money order	<input type="checkbox"/> cash	<input type="checkbox"/> coupons
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> bank draft	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> other (specify): _____

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

Receiving Office: RO/ _____

Deposit Account No.: _____

Date: _____

Name: _____

Signature: _____

BEST AVAILABLE COPY